

**U.S. Coast Guard (USCG) Child Care Subsidy Program  
Rate / Attendance Change Verification Form**

Child Care Center Name: \_\_\_\_\_ Provider email address: \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) Fax # ( \_\_\_\_\_ )

Member: \_\_\_\_\_

*Printed name of qualifying USCG Member*

**The information furnished below certifies the official rate, type of care and cost for the children enrolled under the above named qualifying member.**

Child's Full Name \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

Type of Care: \_\_\_\_\_ FT - Full Time \*PT - Part-time \*D - Daily \*\*H - Hourly BA - Before and After School Care

*\*If Part time or Daily, please indicate number of days in attendance* \_\_\_\_\_ *\*\*Hourly - Number of hours per day* \_\_\_\_\_

Other Subsidy or Discount? \_\_\_\_ Yes \_\_\_\_ No Source of subsidy, discount or N/A \_\_\_\_\_ Amount of subsidy: \$ \_\_\_\_\_

Final cost after all discounts \$ \_\_\_\_\_ Week \_\_\_\_\_ Month: Calendar Month \_\_\_\_\_ 4 & 5 Week Month \_\_\_\_\_ (Cost varies)

Child's Full Name \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

Type of Care: \_\_\_\_\_ FT - Full Time \*PT - Part-time \*D - Daily \*\*H - Hourly BA - Before and After School Care

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Final cost after all discounts \$ \_\_\_\_\_ Week \_\_\_\_\_ Month: Calendar Month \_\_\_\_\_ 4 & 5 Week Month \_\_\_\_\_ (Cost varies)

Child's Full Name \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

Type of Care: \_\_\_\_\_ FT - Full Time \*PT - Part-time \*D - Daily \*\*H - Hourly BA - Before and After School Care

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Other Subsidy or Discount? \_\_\_\_ Yes \_\_\_\_ No Source of subsidy, discount or N/A \_\_\_\_\_ Amount of subsidy: \$ \_\_\_\_\_

Final cost after all discounts \$ \_\_\_\_\_ Week \_\_\_\_\_ Month: Calendar Month \_\_\_\_\_ 4 & 5 Week Month \_\_\_\_\_ (Cost varies)

**Total cost for all children after any and all discounts** \$ \_\_\_\_\_

*Providers who misrepresent information used to calculate Fee Assistance may have their Fee Assistance Terminated and may be subject to the Uniform Code of Military Justice (UCMJ) or other legal consequences*

I certify that the information listed above is correct

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Child care provider's signature*

\_\_\_\_\_  
*Child care provider's printed name*

\_\_\_\_\_  
*Date*

Return completed form to the General Services Administration (GSA) via one of the following:

Fax: (816) 823-5445  
Email: [uscgchildcare@gsa.gov](mailto:uscgchildcare@gsa.gov)